

TREATMENT OF STRICTURE OF THE URETHRA BY ELECTROLYSIS.

It is to be regretted that the discussion on Dr. Steavenson and Mr. Bruce-Clarke's paper on the above subject at a recent meeting of the Royal Medical and Chirurgical Society should have taken place so late in the session, and to this and to the lateness of the hour must be attributed the paucity of speakers.

The subject is one of great interest. Six cases were brought forward which had been treated by this method, in none of which had recontraction taken place, though it must be admitted that a sufficient interval had not elapsed to permit judgment to be passed as to the permanency of cure.

In the first case rigors occurred, but this can scarcely be wondered at when it is remembered that both gentlemen were employing this method for the first time.

We regret that more details were not given concerning the number, size, position and character of the strictures. We note also that, though no recontraction is said to have taken place, it does not appear that a thorough examination was made with a bougie à boule, without the aid of which slight constrictions are difficult to diagnose.

The *modus operandi* employed was as follows: A gum-elastic or celluloid bougie with a wire running down to the centre terminating in a metal end, forms the electrode, this being connected with the negative pole is held gently pressed against the stricture, and should be of size larger by 2 or 3 mm. than is the stricture's calibre. To the positive pole is attached a pad electrode which is placed over the sacrum, the patient lying upon it. The battery used is Stoeher's 30 cell. A current strength of from 5 to 8 milliampères is found requisite, which is gauged by means of a galvanometer.

In cases of eccentric stricture a funnelled electrode can be used, passed over a long catgut bougie which has previously been passed through the stricture, or filiform guide bougie may be passed, to which is screwed the electrode. By this means the electrode cannot fail to traverse the proper course.

After the passage of the electrode through the stricture, which may take from two to twenty minutes, the patient goes home and the urethra is left untouched for fourteen days. The treatment can then be repeated if necessary. Speaking generally, from two to three applications are required.

In the discussion which followed the writer of this brought forward a case of long-standing stricture where electrolysis had succeeded after treatment by dilatation had failed. Although on commencing electrolysis the stricture only admitted a No. 4 bougie olivaire, after three applications a No. 28 passed. A month after the cessation of all treatment a careful examination of the urethra with a 22 bougie à boule failed to detect any trace of stricture.

Mr. Berkeley Hill complained of the want of details in recorded cases. He had tried electrolysis by means of a needle passed into the neoplastic tissue, the result being that the stricture got worse instead of better. Whatever good may have resulted from this plan of treatment he believed was due to dilatation by means of the electrode and not to electricity, and in this Mr. Buxton Browne agreed.

In the presence of the numerous cases now on record, we cannot but think that electrolysis is capable of causing strictures to disappear and probably of effecting a permanent cure. Much, however must depend upon the way of carrying out the method. It appears that Mr. Fenwick has tried it in a good many cases at St. Peter's Hospital, but without much success. One reason of failure being that only weak currents were used and, working without a galvanometer, these were not accurately gauged. Mr. B. Hill tried a method altogether different and failed; nor can this be wondered at, when one considers the plan he pursued.

In order to thoroughly investigate the electrical treatment of stricture it is necessary, that cases of well marked organic stricture (and for preference those for which dilatation has been found to be ineffectual) should in the first place be submitted to some well-known surgeons, concerning whose powers of diagnosis there can be no question. These same men should at the expiration of treatment, and possibly again after the lapse of a year, examine and report on these test cases. It

seems to us that only in some such way as this can this question be satisfactorily settled.

To further this object it is announced that at St. Peter's Hospital for Stone and Genito-Urinary diseases a special department is being instituted for the treatment of stricture by electrolysis, to the practice of which all medical men are invited.

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